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| **Case Number:** | CM13-0053587 | | |
| **Date Assigned:** | 12/30/2013 | **Date of Injury:** | 01/26/2012 |
| **Decision Date:** | 04/30/2014 | **UR Denial Date:** | 10/14/2013 |
| **Priority:** | Standard | **Application Received:** | 10/15/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury January 26, 2012. A utilization review determination dated October 14, 2013 recommends noncertification and certification of ibuprofen. Noncertification of Lidoderm is recommended due to lack of documentation of neuropathic pain and failure of first-line treatment options. A progress report dated January 8, 2014 includes subjective complaints of mild low back pain which is improving. There is no radiating pain, and the symptoms are aggravated by sitting and standing. Symptoms are relieved by exercise, heat, movement, and stretching. Diagnoses include backache, muscle spasm, thoracic sprain, myalgia, lumbar sprain, chronic pain due to trauma, and low back pain. Current medications include Lidoderm, and ibuprofen. Physical examination identifies tenderness to palpation around the lumbar spinous processes with muscle tension noted around the thoracic spine. Neurologic examination is normal. The current treatment plan includes trigger point injections. The patient's pain score is 2/10 without medication and 1/10 with medication. The note indicates that the patient's activity is unchanged with the currently prescribed medications. The note goes on to state, "also, as for the Lidoderm patch, the UR says that we have not documented a "patch of neuropathic pain" to warrant its use. Obviously, we did just that by asking for trigger point injections for the trigger point; of course, the TPI was also denied." The note goes on to state, "the patient has neuropathic pain that is, pain that has not resolved within the expected time frame of the original injury."

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LIDODERM 5% (700MG/PATCH) #30 X 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) – Pain Chapter: Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the first-line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. It is acknowledged, that the requesting physician has equated trigger points with neuropathic pain. However, trigger points are more frequently considered myofascial pain. The patient's neurologic examination is completely normal, and there are no subjective complaints of radiating pain. As such, the currently requested Lidoderm is not medically necessary.